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To: Patent Examiner William M. Pierce	From: Michael D. Downs
Fax: 703.305.3579	Pages: 16
Phone: 703.308.3551	Date: May 28, 2002
Re: 99-081	Phone: 203.461.7035

☒ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:**

FORMAL RESONSE

Re: Patent Application Serial No.: 09/602,869
Attorney Docket No.: 99-081
Titled: "GAMES OF CHANCE WITH PLAYER-SPECIFIED ELEMENTS"

FAX RECEIVED

APR 28 2002

GROUP 3700

CERTIFICATE OF TRANSMISSION

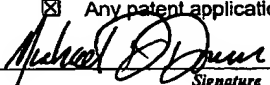



I hereby certify that this correspondence is being Transmitted
to the United States Patent and Trademark Office
(Fax No. 703.305.3579) on May 28, 2002.

Dated: 5.28.02

By:

Michael D. Downs
Michael D. Downs

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AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. 99-081								
Applicant(s): JAY S. WALKER et al.											
Serial No. 09/602,869	Filing Date June 23, 2000	Examiner William M. Pierce	Group Art Unit 3711								
Invention: GAMES OF CHANCE WITH PLAYER-SPECIFIED ELEMENTS											
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>											
Transmitted herewith is an amendment in the above-identified application.											
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input checked="" type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.											
The fee has been calculated and is transmitted as shown below.											
CLAIMS AS AMENDED											
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE						
TOTAL CLAIMS	37 -	37 =	0 x	\$9.00	\$0.00						
INDEP. CLAIMS	8 -	8 =	0 x	\$42.00	\$0.00						
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00						
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0271 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.											
 Michael D. Downs Attorney for Applicants PTO Registration No. 50,252 203.461.7292/phone 203.461.7300/fax Customer No. 22927 Mdowns@walkerdigital.com CC:			Dated: May 28, 2002								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"> I certify that this document and fee is being sent May 28, 2002 to 203.305.3579 by fax under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. </td> </tr> <tr> <td colspan="2" style="text-align: center;">  Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Michael D. Downs Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>						I certify that this document and fee is being sent May 28, 2002 to 203.305.3579 by fax under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.		 Signature of Person Mailing Correspondence		Michael D. Downs Typed or Printed Name of Person Mailing Correspondence	
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